4) Ribs, Manubrium, and Sternum

These bones are so fragmentary that no description or observation is possible.

5) Lower Limb

The femoral diaphyseal shaft is 201 mm long (this should be considered a minimum, given the somewhat eroded condition of the diaphyseal ends). This is within the range of femoral diaphyseal lengths reported by Ubelaker (1978: Figure 66) for subadults from a number of human samples of the same age as this individual.

6) Upper Limb

The bones of the upper limb are too fragmentary for measurement.

c) *Sex*

It is not possible to determine the sex of an individual of such a young age.

d) *Age*

The formation and eruption of the dentition fits a stage between 4 +/- 1 year and 5+/- 1.5 years on dental formation and eruption standards in Ubelaker (1978). The first molars have some root formation (to the point where the roots start to diverge) and the deciduous dentition has not been lost (with the possible exception of the central incisors). The stage of epiphyseal fusion is consistent with this age estimate as is the length of the femoral diaphyseal shaft.

e) *Cultural Modification*

No cultural modifications of the bone were seen on this individual's skeleton.

f) *Population Affinity*

It is not possible to determine population affinity from an individual as young as this. Nothing was observed to contradict the hypothesis that this individual is of European ancestry like the other individuals from this site.

g) *Summary*

This individual was a child of 4-5 years old at the time of death and of indeterminate sex. The cause of death is unknown but there is evidence that the child had experienced some sort of nutritional stress prior to the time of death.

5. **FEATURE 30**

a) *Skeletal Inventory and Condition*

The skull and mandible are complete and in very good condition for an infant. The right parietal, right frontal, petrous portions of both temporal bones, occipital, right zygomatic bone, and both sides of the mandible are present. The crowns of two upper central deciduous incisors are present. The crowns of the two lower central deciduous incisors are visible in the mandible.

The centers of ossification for the cervical, thoracic, and lumbar vertebrae appear to be present. In all cases, the vertebral arch is made up of two separate centers of ossification and the vertebral body is a third.

Ten right and eleven left rib fragments are present.

The central portion of the iliac blades (including the apex of the sciatic notch) are present in very poor condition.

The diaphyseal shafts of both femora and both tibiae are present in poor condition. The fibulae are absent. No tarsals, metatarsals, or phalanges were preserved.

The clavicles are both present and well preserved. The blades of the scapulae, including the bases of the scapular spines, are preserved. Both humeral diaphyseal shafts are present in poor condition. No radii, ulnae, carpals, metacarpals, or phalanges were preserved.

b) *General Description and Pathology*

1) Cranium

This is the skull of a very young infant. The bone is very thin and individual centers of ossification were separated (see Plate 34). No teeth had erupted but the crowns of the upper and lower central incisors had already begun to form. The lower central incisors are visible through the alveolus and the crowns of the upper incisors are isolated (the maxilla was not preserved) (see Plate 35). This suggests that the individual was between birth and six months old. No sign of pathology is visible.

2) Postcrania

The postcranial skeleton is thin and gracile as expected for an infant. The stage of ossification and fusion of epiphyseal centers is consistent with the age of birth to six months as determined from the dental eruption status.

c) *Sex*

Sex cannot be determined for an infant of this age.

d) *Age*

This individual was between birth and six months old at the time of death. This evaluation is based on the dental eruption status and is corroborated by the state of fusion of the bones of the cranial and postcranial skeleton.

e) *Cultural Modifications*

Green staining, presumably from a shroud pin, is present on the right parietal in two regions: just lateral to the sagittal suture and at the central portion of the parietal. In addition, there is diffuse green staining on the back of the right side of the mandible just below the condyle. There are faint green stains on the upper lumbar vertebrae and on the proximal end of the left clavicle.

f) *Population Affinity*

It is not possible to determine population affinity for an individual of such a young chronological age.

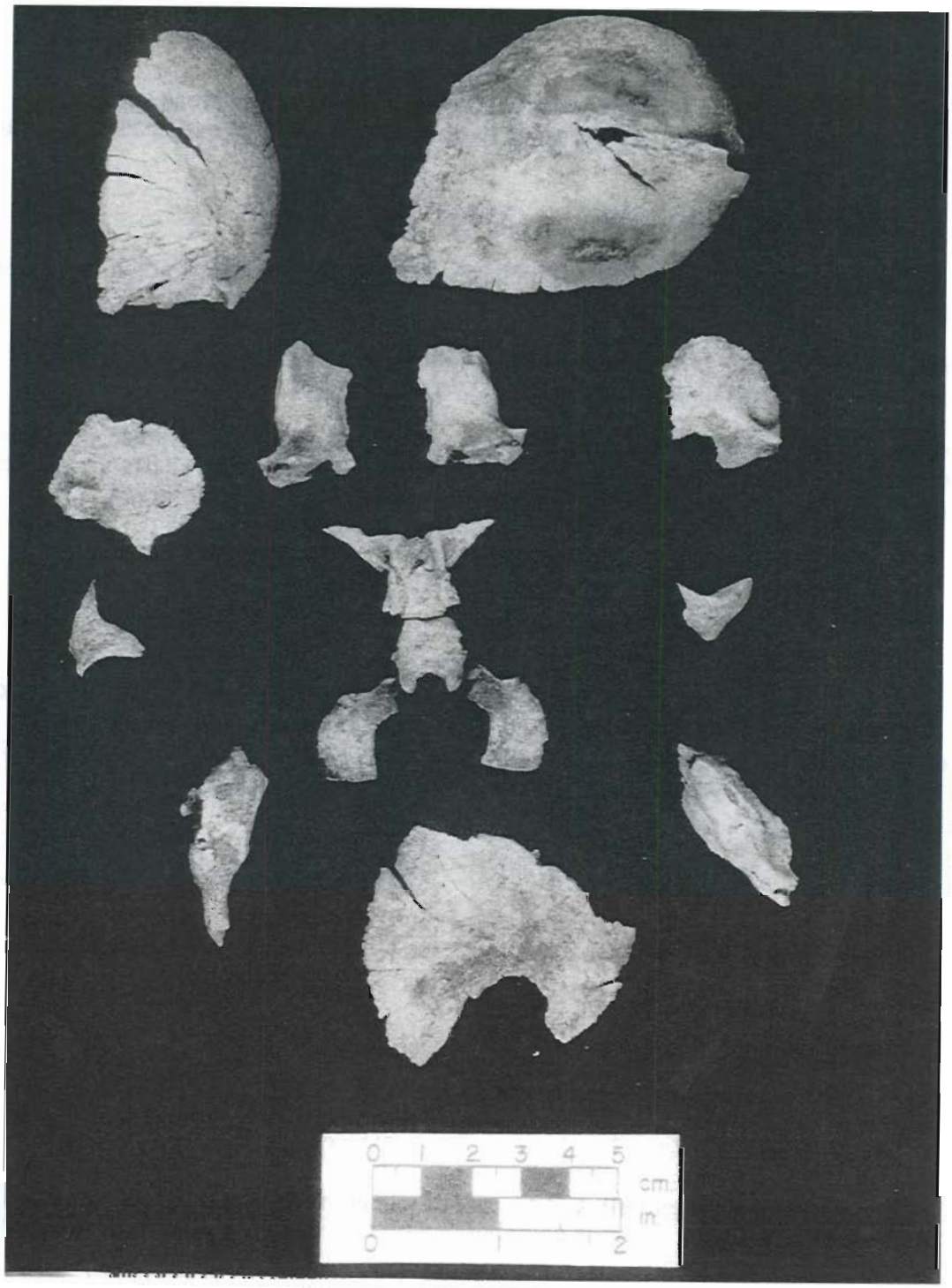

PLATE 34: The Unfused Cranial Bones from the Individual from Feature 30.
This individual was between the age of birth and six months old at the time of death and all cranial bones are unfused. From the top left, the bones are frontal bone, parietal, squamous portion of temporal bone, two portions of the sphenoid, squamous portion of the other temporal bone, zygomatic bone, basal portion of the sphenoid, articulated with the anterior portion of the occipital bone, the other zygomatic bone, petrous portions of the temporal bone and finally, the posterior portion of the optical bone.

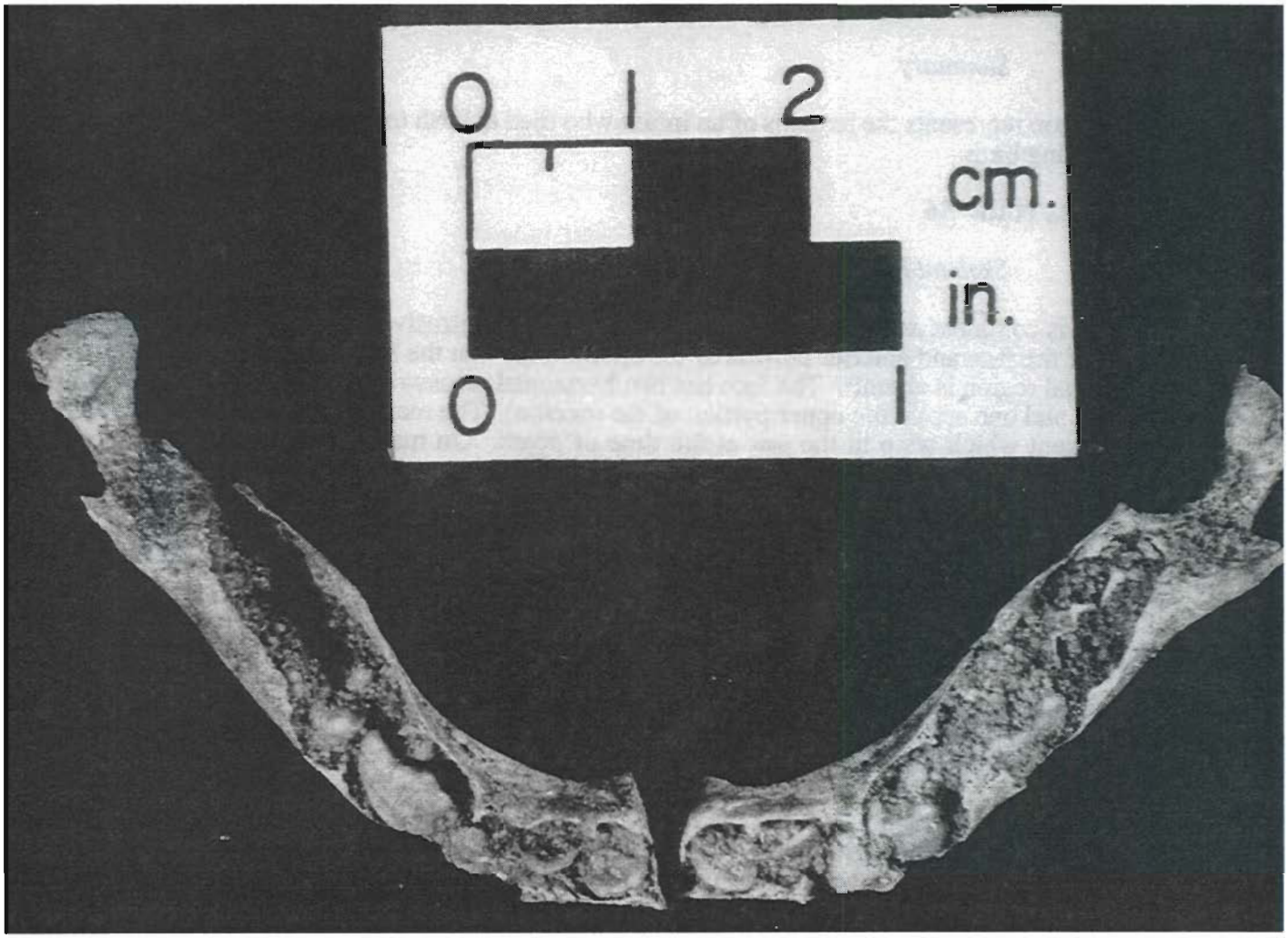

PLATE 35: Mandible of the Individual from Feature 30.

The Two Sides of the mandible were unfused at the time of death. None of the teeth had erupted at the time of this individual's death, but the developing crowns of the teeth can be seen forming in the crypts.

g) *Summary*

This skeleton represents the remains of an infant who died at birth or within the first six months of life following birth.

6. FEATURE 36

a) *Skeletal Inventory and Condition*

The skull is complete and in fairly good condition. Recent intrusive activity crushed the superior portion of the face and anterior portion of the cranium (so that the frontal around glabella and the supraorbital region is absent). The face has two horizontal cracks running through it (one through the orbits and one across the upper portion of the maxilla). The mandible is complete, with all the teeth present which were in the jaw at the time of death. On many of the teeth from both the mandible and maxilla, the outer surface of enamel has become separated (delaminated) from the dentin.

Seven cervical vertebrae are present in excellent condition. Only the seventh cervical is somewhat broken. Eleven thoracic vertebrae are present in good condition.

The sternum is preserved in very good condition. The ribs are represented by fragments.

The left innominate is present and in good condition although the posterior portion of the iliac blade, the superior pubic ramus, and the ischiopubic ramus are all broken off. The right innominate is fragmentary.

Both femora are complete. Patellae, tibias, and fibulae are all present and in good condition. The feet are represented by all tarsals, all metatarsals, and most of the phalanges (nine from the proximal row, seven from the medial row, and seven from the distal row). In addition there is one sesamoid bone from the foot.

The scapulae and clavicles from both sides are present. The clavicles are complete, in good condition; the scapulae have the medial borders and other projecting areas missing. Both humeri, radii, and ulnae are present but all in only fair condition. The bones of the hands are represented by six left carpals (the navicular, lunate, triquetral, lesser multangular, capitate, and hamate), three left and two right metacarpals, and seven left phalanges.

b) *General Description and Pathology*

1) Cranium

This skull is fairly gracile, though more robust than the one from Feature 9 (see Plate 36). The brow ridges are absent, but the mastoid processes are small, the temporal lines very faint, and the nuchal region is quite smooth. There is some parietal bossing. Endocranially, the sutures are closed and almost obliterated; on the outer surface they are partially closed and still quite visible. The spheno-occipital synchondrosis is closed and obliterated. All teeth had erupted and were worn or lost antemortem. The individual is clearly adult, but not as advanced in age as Feature 5. No arthritis is visible on either the glenoid fossa of the temporomandibular joint or the occipital condyles. No other bony pathology is evident on the cranium.

The mandible also shows no arthritis on the temporomandibular joint (only the left side can be evaluated) (see Plate 37). Because of the postmortem damage to the teeth, it is somewhat difficult to evaluate pathology or dental wear. All of the teeth (except RP_2 which is absent and may have been lost postmortem) were present at the time of death. The roots of the right M_1 and M_2 are